## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/30/2014	Street:	8007 S Corinne Ave	
Incident #:	14ISPC004482	Apt, Lot, Room #:		
County:	Pulaski	City:	Star City, IN 46985	
Type of Laboratory Seizure (check one) Seizur		Seizure Location	re Location (check all that apply)	
<ul><li>☑ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>		☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Business hman travel trailer	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
<ul> <li>☑ One Pot or Birch Reaction(s): fire pit</li> <li>☐ Red Phosphorous/Iodine Reaction(s):</li> <li>☐ Hydrochloric Acid Gas Generator(s):</li> <li>☑ Flammable Solvents: open air</li> <li>☑ Water Reactive Metal (Lithium): camper</li> </ul>		<ul><li>☐ Corros</li><li>☐ Corros</li><li>☐ Ammo</li></ul>	<ul> <li>☐ Anhydrous Ammonia:</li> <li>☐ Corrosive Acid: open air</li> <li>☐ Corrosive Base: open air</li> <li>☐ Ammonium Nitrate/Sulfate: camper</li> <li>☐ Other (item and location):</li> </ul>	
Child under age 18 discovered (check appropriate)				
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had beer occurring: Additional Information:		
Vehicle, Tra	vel Trailer, RV or Watercraft Inform	nation:		
Owner: VIN: Year:	<u>Antony Beam</u> <u>ID# 1482468</u>	Make: Model: Color:	Coachman Cadet 20' White	
This report l	nas been faxed* or emailed to the fol	lowing agencies	that serve the location:	
Fire Department: <u>Star City VFD</u> Health Department County: <u>Pulaski Co HD</u> Department of Child Services Hotline: <u>dcshotlinereport</u>		Fax: em	Fax: emailed Fax: emailed rts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Maggie Shortt Phone 574-206-2931				
*This form is to be faved to the Fire Department. Health Department and/or Department of Child Services listed within 24 hours of				

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.